

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2011 statements and reports filed by all committees for state office must be filed electronically.  
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.  
2010 JAN 21 AM 9:57  
Mefe ✓

Reset Form

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gene Ficken for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Gene Ficken

Political Party (if applicable)

Democrat

Office Sought

State Representative

District (if Senate or House)

23

**FORM**

**DR-2**

(Rev. 12/2009)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. #

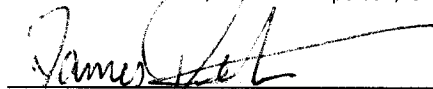
Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.



SIGNATURE OF PERSON FILING REPORT

319-334 9992

TELEPHONE

1-19-10

DATE SIGNED

I AM FILING A 1/1/2009 - 12/31/2009

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 3,320.09

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

4,300.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 7,620.09

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

3,808.34

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) \$ 3,811.75

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gene Ficken for State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07/09/09	ID# CK# 5310	Baumert, Andrew & Dorolyn, 5068 Coachlight Dr., West Des Moines, IA 50265		\$25.	<input type="checkbox"/>
07/09/09	ID# CK# 1092	Frette, Kyle L, 4318 152nd Ct, Urbandale, IA 50323		50.	<input type="checkbox"/>
07/09/09	ID# CK# 909	Iowa State Building & Construction Trades, 110 10th Ave NW, Altoona, IA 50009		250.	<input type="checkbox"/>
07/09/09	ID# CK# 4477	Iowa Chiropractic Society PAC #6058, 1605 N. Ankeny Blvd #100, Ankeny, IA 50023		100.	<input type="checkbox"/>
09/17/09	ID# CK# 3401	Schoenjahn, Brian or Barbara, Box 117, Arlington, IA 50606		20.	<input type="checkbox"/>
09/17/09	ID# CK# 2917	Robb, Kevin or Cathy, 415 14th Ave. NE, Independence, IA 50644		20.	<input type="checkbox"/>
09/17/09	ID# CK# 7840	Hopkins, Irma, Box 668, Jesup, IA 50648		30.	<input type="checkbox"/>
09/17/09	ID# CK# 1481	Priebe, Wilma J., 1106 6th Street NE, Independence, IA 50644		10.	<input type="checkbox"/>
09/17/09	ID# CK# 6714	White, Nancy E., 818 7th Street NW, Independence, IA 50644		25.	<input type="checkbox"/>
09/17/09	ID# CK# 7702	Gray, Georgia A., 1216 3rd St. SE, Independence, IA 50644		10.	<input type="checkbox"/>

SUB-TOTAL

\$ 540.

TOTAL (if last page of this schedule)

\$

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Page 1 of 8  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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Gene Ficken for State Representative

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09/17/09	ID# CK# 8283	Leinbaugh, Shirley, 307 7th Ave SE, Independence, IA 50644		\$15.	<input type="checkbox"/>
09/17/09	ID# CK# 8321	Tarpy, Frank R. or Mary K., 400 5th St. NE, Independence, IA 50644		20.	<input type="checkbox"/>
09/17/09	ID# CK# 7724	Hickey, W. J., 314 6th Ave SW, Independence, IA 50644 9/16/09		25.	<input type="checkbox"/>
09/17/09	ID# CK# 17211	Wegner, Ronald & Marie, 118 15th Ave NE, Independence, IA 50644		25.	<input type="checkbox"/>
09/17/09	ID# CK# 2339	Hand, Douglas & Cheryl, 235 Terrace Dr., Independence, IA 50644		20.	<input type="checkbox"/>
09/17/09	ID# CK# 5131	Reedy, William, 3046 Everly Ave., Brandon, IA 52210		25.	<input type="checkbox"/>
09/17/09	ID# CK# 10514	Kubik, Rudy R., 2277 Iowa Ave., Independence, IA 50644		100.	<input type="checkbox"/>
09/17/09	ID# CK# 9374	McGill, Mary L, 1629 220th St., Independence, IA 50644		25.	<input type="checkbox"/>
09/17/09	ID# CK# 5767	Donnelly, Emmett, 2196 Gentry Ave., Independence, IA 50644		25.	<input type="checkbox"/>
09/17/09	ID# CK# 3045	Walshire, Brian and Vicki, 2730 Coots Blvd. #14, Rowley, IA 52329		35.	<input type="checkbox"/>

SUB-TOTAL

\$ 315.

**TOTAL (if last page of this schedule)**

\$

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Page 2 of 8  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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09/27/09	ID# CK# 10781	Hearn, Ronald & Brenda, 301 2nd Ave SW, Independence, IA 50644		\$20.	<input type="checkbox"/>
09/27/09	ID# CK# 2450	Klotzbach, Mary A. 401 3rd Ave SW, Independence, IA 50644		50.	<input type="checkbox"/>
09/27/09	ID# CK# 9823	Marlow, Steven D., 2071 King Ave., Independence, IA 50644		50.	<input type="checkbox"/>
09/27/09	ID# CK# 10393	Browne, Albert or Sally, 8010 Jesup Rd., Jesup, IA 50648		200.	<input type="checkbox"/>
09/27/09	ID# CK# 10003	Nielsen, Mark & Donna, 515 Upper Terrace, Independence, IA 50644		20.	<input type="checkbox"/>
09/27/09	ID# CK# 4494	Weber, Ralph E. & Dorothy, 2321 Jamestown Ave. SW, Independence, IA 50644		25.	<input type="checkbox"/>
09/27/09	ID# CK# 8097	Sand, Leo, 117 14th Ave SE, Independence, IA 50644		15.	<input type="checkbox"/>
09/27/09	ID# CK# 6590	Hogan, John, 2993 228th St., Winthrop, IA 50682		25.	<input type="checkbox"/>
09/27/09	ID# CK# 5572	Pech, Ann, 2862 160th St., Winthrop, IA 50682		50.	<input type="checkbox"/>
09/27/09	ID# CK# 2486	Helt, Linda R., 3042 Jamestown Ave, Rowley, IA 52329		25.	<input type="checkbox"/>

SUB-TOTAL

\$ 480.

TOTAL (if last page of this schedule)

\$

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Page 3 of 8  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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Gene Ficken for State Representative

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09/27/09	ID# CK# 3258	Donnelly, William & Helen, 610 6th Ave. SW, Independence, IA 50644		\$25.	<input type="checkbox"/>
09/27/09	ID# CK# 3027	Allen, Roger & Shirley, 2064 Jamestown Ave., Independence, IA 50644		25.	<input type="checkbox"/>
09/27/09	ID# CK# 7614	Mulnix, Roxie K. Jr., 206 8th St. SW, Independence, IA 50644		25.	<input type="checkbox"/>
09/27/09	ID# CK# 1219	Miller, Ronald & JoAnn, Box 34, Fairbank, IA 50629		20.	<input type="checkbox"/>
09/27/09	ID# CK# 2834	Grover, Max or Charlotte, 2945 King Ave., Rowley, IA 52329		20.	<input type="checkbox"/>
09/27/09	ID# CK# 10085	Burke, Tom & Denise, 416 O'Brien Ct., Independence, IA 50644		50.	<input type="checkbox"/>
09/27/09	ID# CK# 3826	Stupp, Dale or Katherine, 809 8th St. NW, Independence, IA 50644		25.	<input type="checkbox"/>
09/27/09	ID# CK# 7190	McGrath, Ellen M., 410 2nd Ave. NE, Independence, IA 50644		5.	<input type="checkbox"/>
09/27/09	ID# CK# 18418842	Leytze, Rudolph & Mary B., 2575 Michel Ave., Independence, IA 50644		50.	<input type="checkbox"/>
10/07/09	ID# CK# 2816	Grover, Jeffrey & Rose, 312 6th Ave. NW, Independence, IA 50644		50.	<input type="checkbox"/>

SUB-TOTAL

\$ 295.

TOTAL (if last page of this schedule)

\$

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Page 4 of 8  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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10/07/09	ID# CK# 10272	Christensen, John A., 402 4th Ave. SW, Independence, IA 50644		\$25.	<input type="checkbox"/>
10/07/09	ID# CK# 1974	Kohrs, Gary L. or Cindy, 719 Nelson Ave., Independence, IA 50644		20.	<input type="checkbox"/>
10/07/09	ID# CK# 6977	Saunders, Howard & Joy, 710 2nd Ave. NE, Independence, IA 50644		25.	<input type="checkbox"/>
10/07/09	ID# CK# 13171	Curry, Leonard & Diane, 610 2nd St. NW, Independence, IA 50644		25.	<input type="checkbox"/>
10/07/09	ID# CK# 7464	Bentley, Court H., 2642 Coots Blvd., Rowley, IA 52329		200.	<input type="checkbox"/>
10/07/09	ID# CK# 10796	Smith, Dorothy, 600 4th Ave NE, Independence, IA 50644		20.	<input type="checkbox"/>
10/07/09	ID# CK# 3640	Curry, Donald & Deborah, 912 6th St. SW, Independence, IA 50644		30.	<input type="checkbox"/>
10/07/09	ID# CK# 3449	Grover, James or Colleen, 2874 Michel Ave., Rowley, IA 52329		100.	<input type="checkbox"/>
10/07/09	ID# CK#	Unitemized contributions		20.	<input checked="" type="checkbox"/>
10/07/09	ID# CK# 16895	Pierce, Ronald & Judith, 307 11th Ave. NE, Independence, IA 50644		25.	<input type="checkbox"/>

SUB-TOTAL

\$ 490.

TOTAL (if last page of this schedule)

\$

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Page 5 of 8  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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10/07/09	ID# CK# 1266	Henderson, Ernest & Joni, 2007 Three Elms Pk Rd., Independence, IA 50644		\$50.	<input type="checkbox"/>
10/24/09	ID# CK# 6613	Dinger, Joel W., 504 14th St. NE, Independence, IA 50644		25.	<input type="checkbox"/>
10/24/09	ID# CK# 6867	Jones, R.C. & C.M., 810 8th Ave. NW, Independence, IA 50644		50.	<input type="checkbox"/>
10/24/09	ID# CK# 3589	Rozendaal, James & Shirley, 913 5th St. SW, Independence, IA 50644		25.	<input type="checkbox"/>
10/24/09	ID# CK# 10483	Heckroth, William & Janis, 1010 Ridgewood Blvd. NW, Waverly, IA 50677		50.	<input type="checkbox"/>
10/24/09	ID# CK# 13468	Sauer, Franklin or Sandra, 1119 4th St NE, Independence, IA 50644		25.	<input type="checkbox"/>
10/24/09	ID# CK# 2606	Monsanto Citizenship Fund, 800 N. Lindbergh Blvd, St. Louis, MO 63167		200.	<input type="checkbox"/>
12/18/2009	ID# CK# cash	Hogan, Pam, 544 Easy St., Winthrop, IA 50682		40.	<input type="checkbox"/>
12/18/09	ID# CK# 3256	Central Iowa Building and Construction Trades, Box 7310, Des Moines, IA 50309		750.	<input type="checkbox"/>
12/18/09	ID# CK# 4153	Schmitz, Lisa or Gregory, 32045 Willow Ave., New Hartford, IA 50660		100.	<input type="checkbox"/>

SUB-TOTAL

\$1315.

TOTAL (if last page of this schedule)

\$

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Page 6 of 8  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**

☐ CHECK THIS BOX IF  
AMENDING FORM

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12/18/09	ID# CK# 4168	Iowa Health PAC #6067, 6750 Westown Pkwy #100, West Des Moines, IA		\$200.	<input type="checkbox"/>
12/18/09	ID# CK# 3147	Iowans for a Skilled Workforce, 707 E. Locust, Des Moines, IA 50309		200.	<input type="checkbox"/>
12/18/09	ID# CK# 8508	Allen, Michael J. & Linda, 2406 Indian Hill Rd., Cedar Rapids, IA 52403		100.	<input type="checkbox"/>
12/18/09	ID# CK# 3916	Crain, Richard & Joann, 2867 King Ave., Rowley, IA 52329		20.	<input type="checkbox"/>
12/18/09	ID# CK# 920	Iowa State Building & Construction Trades, 110 10th Ave NW, Altoona, IA 50009		100.	<input type="checkbox"/>
12/18/09	ID# CK# 8553	Cole, Kenneth, 2189 Iowa Ave, Independence, IA 50644		20.	<input type="checkbox"/>
12/18/09	ID# CK# 1426	Conrad, Alberta, 209 3rd Ave NE, Independence, IA 50644		75.	<input type="checkbox"/>
12/18/09	ID# CK# 4756	Kremer, Ralph & Inez, 1498 Pine Creek Ave., Aurora, IA 50607		25.	<input type="checkbox"/>
12/18/09	ID# CK# cash	Henderson, Marcia, 1749-28 Golf Course Blvd, Independence, IA 50644		25.	<input type="checkbox"/>
12/18/09	ID# CK# 4873	Henderson, A. Marjorie, 415 17th Ave NW, Independence, IA 50644		25.	<input type="checkbox"/>
SUB-TOTAL				\$ 790.	
TOTAL (if last page of this schedule)				\$	

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Page 7 of 8  
(for Schedule A)



For Instructions, See Back of Form

Reset Form

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gene Ficken for State Representative

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AMENDING FORM

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NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12/18/09	ID# CK# 4075	Nolte, Anne M., 620 4th Street SE, Independence, IA 50644		\$50.	<input type="checkbox"/>
12/18/09	ID# CK# 5993	Sproul, David & Marcia, Box 396, Jesup, IA 50648		25.	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 75.

**TOTAL (if last page of this schedule)**

\$4300.

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 8 of 8  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gene Ficken for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
02/03/09	ID# CK# 5049	House Truman Fund, 5661 Fleur Dr., Des Moines, IA 50321	Contribution	\$ 3000.00
02/09/09	ID# CK# 5050	Oelwein Publishing Co., P.O. Box 511, Oelwein, IA 50662	Ad	38.96
09/10/09	ID# CK#	Ficken, Gene, Independence, IA 50644	reimbursement	6.42
09/22/09	ID# CK# 5051	Iowa Prison Industries	supplies	564.96
09/22/09	ID# CK# 5052	Postmaster, Independence, IA 50644	Postage	88.00
12/23/09	ID# CK# 5053	Postmaster, Independence, IA 50644	Postage	110.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 3808.34

TOTAL (if last page of this schedule) \$ 3808.34

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Gene Ficken for State Representative

Reset Form

SCHEDULE  
**E**  
(Rev. 06/97)

IN-KIND  
CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
02/04/09	House Truman Fund, 5661 Fleur Drive, Des Moines, IA 50321		Incumbent Protect Mail	\$ 1,008.30	<input type="checkbox"/>
02/28/09	House Truman Fund, 5661 Fleur Drive, Des Moines, IA 50321		Incumbent Protect Mail	936.86	<input type="checkbox"/>
03/23/09	House Truman Fund, 5661 Fleur Drive, Des Moines, IA 50321		Incumbent Protect Mail	936.86	<input type="checkbox"/>
05/28/09	House Truman Fund, 5661 Fleur Drive, Des Moines, IA 50321		Incumbent Protect Mail	936.86	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ **3818.88**

TOTAL (if last  
page of this  
schedule) \$ **3818.88**

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)